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D. MacLEAN, M. D.....Editor and Publisher
J. H. BUNDY, M. D.....Editor | D. D. CROWLEY, M. D.....Editor

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## ORIGINAL COMMUNICATIONS.

### NEGLECT OF DUTY.

SAN FRANCISCO, CAL., SEPT. 24, 1880.

DR. D. D. CROWLEY:

DEAR SIR:—I am instructed by the Board of Directors of the Eclectic Medical Society of the State of California, to notify you that, at a meeting of said Board of Directors held in Oakland on the 14th inst., the following resolution was adopted:—

"That the office held by Dr. Crowley as a member of the Board of Examiners of the Eclectic Medical Society of the State of California be declared vacant, for neglect of duty," and

On motion, "a vacancy was declared in the Board of Examiners of the Eclectic Medical Society of the State of California, in consequence of the removal of Dr. Crowley."

Regretting that my official position obliges me to send this notice,

I am respectfully yours

W. K. DOHERTY,

*Recording Secretary of the Board of Directors of the Eclectic Medical Society of the State of California.*

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IN order that my actions, while one of the Board of Examiners, be not misunderstood, I take the opportunity of making an explanation of the foregoing notice:—

My place was declared vacant for what the Board of

Trustees term "neglect of duty." We will see wherein the neglect lies.

Ever since the Eclectic School came into existence, it has labored under the depressing influences of *charlatans* and *ignoramuses*. Every man, who did not belong to the Allopathic or Homœopathic school, no matter what his qualifications were, applied to his particular doctrine the word "eclectic."

Therefore, it stands only to reason, that the physician who abandoned the old empirical school, and joined the new and philosophical, committed a greater sacrifice than could be expected. However grand might be the meaning of the word "eclectic," however ardently it might have been supported by the intelligent physician, yet its charlatan followers had a tendency to draw it into the same mire from which they originated. At the present time, in nearly all the Eastern States, the Eclectics are as pure as their principles; they have divested themselves of the ignorant and empiric followers and are now working bravely to remain in the position in which they so properly belong.

Quite to the contrary in California. The arms of the Eclectic Board of Examiners are extended to support the poor crippled followers of Buchanan, and the outcasts of other schools.

It is not for me to speak personally of the members of the Board of Examiners, but I will state their proceedings, and allow you to judge by their work.

Applications for licenses were made, some accompanied by diplomas from schools in good standing, many by those from colleges of ill-repute.

There is not a physician in California, but what well understands the standing of Trall's Movable Diploma Mill, a hygienic institution, which discards all medicine, all pathology, all anatomy and has the names of only five professors attached to each of its diplomas. Nearly all physicians are well acquainted with the fact, that many of his diplomas have been circulated through the country to applicants, for

the small sum of five dollars. Two such diplomas came before the Board accompanied by applications. A long debate ensued, the matter was put to vote, and terminated by an equal number of votes for and against. The applications were laid on the table and will be taken up at the next regular meeting.

At one of our meetings an application for license, accompanied by a diploma issued by Buchanan's school in Philadelphia, came before us. A license was refused the same applicant by the Board years ago, yet the present Board seemed to possess the necessary qualifications to receive a document from such a school; a school that has cast no small amount of dishonor upon the medical profession, especially the Eclectics; one who has circulated diplomas throughout America and Europe for a small compensation; and there is not a town or hamlet in all the great land but what curses the evil works of this "Bogus Diploma Mill;" not a Medical Society in all our land, high or low, recognizes this school and never speaks of it, except in the lowest terms.

As there were some men of honor in the Board, the document was not received until after a certain amount of questioning, such as: "How did Dr. ——— receive this diploma dated 1870, when he was in California during the time, and even a number of years previous?"

This question would apparently cast a shadow upon the diploma being received in the regular way; but if a shadow appeared, it was at once dispelled by the following explanation from one of the Board, who stated that "in the year 1852 the Doctor under question, then residing in Canada, on account of a difficulty with the throat, was obliged to give up his ecclesiastical pursuits. He occupied a part of his time in the study of medicine at the Buchanan school and was offered a diploma; but, as his intentions were to return to his former occupation, he refused it. The Doctor was again compelled to discontinue his labor and commenced the practice of medicine. A diploma being a necessary document, he

wrote to Buchanan requesting one, which was sent to him without delay."

A warm debate followed; the matter was put to vote, and the Board concluded to recognize the diploma and grant a license. I would not sign the license. For that reason a member of the Board made the following resolution: "That the question of Dr. Crowley's refusal to sign Dr. ———'s license be referred to the Board of Trustees of the State Eclectic Society."

The resolution was presented to the Board of Trustees and my place was declared vacant (the Examiners are also Trustees).

Although I presented to the Board the irregularity in which this diploma was obtained; how eighteen years ago he attended college, according to pretense; how he received a diploma in 1870, which proved to be in 1876, according to Buchanan's record; a list of graduates for 1870 was produced without his name; and though all these points were presented candidly and forcibly to the Board, because I was an obstacle in their way and would not allow such work to continue, the aforesaid resolution was presented to the Board of Trustees.

Whether I have neglected my duty or not, I will allow you to decide.

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OCTOBER 16th.

The Board met October 14th. A new member has qualified, and the license under question signed. A member of the Board protested against receiving the credentials of the new member, declaring that the actions of the Board of Trustees were illegal in removing Dr. Crowley and no vacancy existed; but on being overruled, he resigned his position.

The applications pending in the Board on credentials from Trall's Institution and other doubtful colleges were received and licenses granted.

Further comment is unnecessary.

D. D. CROWLEY, M. D.

*Oakland, Cal.*

# GALL STONES.

BY J. A. McKEE, M. D.

Gall stones were first observed in the year 1565 by Johann Kentmann of Dresden, who communicated his discovery to Conrad Gesner, to be made use of in his great work on Fossils.

For the first accurate investigations into the structure of gall stones, we are indebted to Fr. August Walter, who carefully described and figured the rich collections in the Museum at Berlin.

The first chemical examination originated with Galeatti, but led to no result. It was not until after the discovery of cholesterine that Fourcroy and Thenand succeeded in determining anything certain as to their composition.

In order to obtain an insight into the processes by which gall stones are formed, and into the condition upon which their other characters, their growth and decay, depend, it is necessary to consider in the first place their chemical composition and structure.

For want of space and time I will not enter into the details of each chemical character. Gall stones are composed of Cholesterine, Bile Pigments, Cholepyrrhin, Cholechlorin, Cholate and Glycocholate of Lime, Fatty Acids and Soaps and free Fatty Acids, Mucus and Epithelium, Uric Acid. Among the organic matters Iron is always found and in rare cases Manganese and Copper.

Several dark-green mulberry-shaped concretions, however, from the human subject, contained metallic quicksilver in abundance; this metal was seen in the interior of small calculi in the form of glistening particles and was proved to be mercury by its chemical reactions.

Earths, such as Carbonate of Lime, is found in the ash of all gall stones and often in large quantities; sometimes in combination with Cholepyrrhin, Fatty Acids or Cholic Acid, while another exists in the free state.

Gall stones are met with, which consist entirely of earths and chiefly of the earthy carbonates; solitary concretions are

rarely found in the biliary passages. In most cases they occur in large numbers usually amounting to from five to ten or thirty, and occasionally even to a thousand. Hoffmann counted 3,646 in one case.

When numerous gall stones are found together, all of them almost invariably have the same character and composition and present a similar succession of layers, inasmuch as all of them owe their origin and growth to the same morbid process. To this rule, however, there are exceptions.

The size of gall stones varies from that of a millet seed to that of a hen's egg. Primarily their form is almost always globular, but in their subsequent growth they usually depart in many different ways from their original shape. Very large concretions usually assume an egg-shape or cylindrical form, corresponding to the form of the gall bladder, which they fill.

Their color in most cases, is brownish or greenish yellow. All shades are met with, however, from a snow white to a dark brown and coal black; more rarely, blue, green or red bile. Bile pigment and its derivatives constitute the basis of the color in every instance.

We distinguish the following forms of concretions in the biliary passages, as: first, simple, homogeneous calculi. This form has a uniform texture and presents an earthy, saponaceous, or crystalline fracture.

Those with an earthy fracture consist of earthy matter or of an intimate admixture of cholesterine and the compound of cholepyrrhin and lime; those with a saponaceous fracture consist of bile resin or its calcareous compound, or of cholesterine and soaps, while the crystalline variety consists of pure crystallized cholesterine.

Second: compound calculi containing a nucleus.

The compound calculi consist of a nucleus surrounded by a shell of greater or less thickness, which in its turn is usually covered by an outer crust. These three parts, nucleus, shell and crust, may be distinguished in most gall stones. It rarely happens that the crust is wanting.

The nucleus is in most cases brown or black and usually consists of the compound of cholepyrrhin and lime with an admixture of mucus and occasionally it contains cholate of lime, or it is formed of crystalline masses of cholesterine.

As a rule there is only one nucleus. Cases however occur where there are several nuclei surrounded by the same shell.

The shell immediately surrounds the nucleus, is usually striated and consists of crystals of cholesterine arranged in a radiated manner. In many cases the sheet is devoid of all structure; it is of a soapy or earthy character and presents neither striæ nor laminæ.

The external crust is wanting in a few concretions. Its composition varies greatly. It may consist:—1st, of cholesterine, which usually covers the surface of the round or polyhedral stones in the form of smooth horizontal layers, often separated from one another by pigment and imparts to them a covering of a snow white or yellowish color.

2nd. Of the compound of cholepyrrhin and lime. This usually forms only a thin covering, imparting a brown or blackish color to the calculus.

3d. Of carbonate of lime. This substance is sometimes found in the form of a thick brown covering of an earthy fracture, at another time as smooth white envelope, consisting of one or several lamina, separated by layers of pigment; or, lastly, it may form a warty or indented encrustation, when the lime is deposited in rod-like crystals. These are the most important varieties presented by the outer crust.

*Mode of origin of gall stones.*—The earlier physicians accounted for the origin of gall stones in a purely mechanical manner and attributed it to the inspissation of stagnant bile. It has recently been attempted to explain the origin of gall stones, either on the supposition of an increased amount of lime in the bile, inducing a separation of the pigment in the form of a compound with lime, or on that of a decomposition of the salts of soda and the biliary acids, causing the precipitation of the cholesterine and pigment, or that of an increased formation of cholesterine in the blood. If we make any at-

tempt to trace the main causes of the formation of gall stones, our knowledge is still found to be defective in many particulars, for there is a great difference in opinions and theory. The tendency to gall stones increases with the advance of life. Before thirty years of age they are rarely observed and during childhood their occurrence is exceptional; females are more liable than males. Morbid changes in the liver and biliary passages, interfering with the excretions of bile, favor the development of concretions.

Sedentary habits of life retard the excretions of bile. Too large a consumption of animal food and spirits are often blamed for predisposing to gall stones. Their origin is perhaps referred with more justice to too small a number of meals, in consequence of which the gall bladder is less frequently emptied than it ought to be.

*Situation.*—Gall stones may be formed wherever bile is present. They are formed in any part of the excretory apparatus of the liver, from the roots of the hepatic duct at the margins of the lobules to the opening of the ductus communis into the duodenum. They are most frequently and in largest numbers in the gall bladder.

*(To be continued.)*

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## DUPLICATE PREPARATIONS.

BY C. H. HOUPT, M. D.

Is Materia Medica a neglected study? Are the remedies so multitudinous, that the ambitious student in trying to learn something of all of them, learns too little of the important ones and wastes much valuable time in useless or misdirected labor? Certain it is, that the medical student looks upon this branch of study with dread. The final examination in this chair has more terror for him than all the rest. He graduates with a fair knowledge of the other branches of medical science, but of his materia medica he is himself ashamed. He has put in his hours of faithful study, but feels the return is not commensurate with the effort. If our materia medica

were more condensed, we certainly could spend more time on the fewer remedies, and know them better. The effectiveness of the agents, that we use to relieve and cure the sick is enhanced untold times by our knowledge of *when* and *how* to use them. See the power we have with one drug alone, when we are familiar with the results of its different sized doses, not to mention the almost unnumbered combinations in which we can use this same drug, by which we enhance, neutralize, or change some part of its action or that of other drugs. I claim that this branch of our science is choked with weeds, and requires thinning out. To substantiate my position and to prove that I am not alone in my way of thinking, I quote from a letter written by Dr. Squibb in reply to some one who wrote to him, asking him, why he did not make the tincture of digitalis and wine of colchicum.

"****** I do not make either the tincture or wine named, and do not intend to do so, for the reason that I do make and keep a better and more conveyant preparation of both of these drugs, and am all the time trying to get physicians and pharmacists away from duplicate preparations of inferior conveyance and efficiency.

The official fluid extracts of both of these drugs are the best preparations of them ever made. If the tinctures be accurately made, they are just one-eighth the strength; therefore the equivalent dose of the fluid extract is just one-eighth that of the tincture, and this is all the physician has to learn, in order to use the better preparations."

And what is true of colchicum and digitalis, is true of many other drugs. We can well do without duplicate and in some cases triplicate preparations, including salts and alkaloids, as well as tinctures and fluid extracts. I doubt not that we could drop off many of these with great benefit to the science.

# A COMPOUND COMMINUTED FRACTURE OF THE SKULL, TREATED BY TREPHINING.

BY D. D. CROWLEY, M. D., OAKLAND.

Trephining is an operation that was performed by Hippocrates as early as B. C. 460; it was resorted to with but little success until 1610. Then Fabricius of Aquapendente introduced the modern trephine, or the instrument that is now resorted to, both in England and America. It was used subsequent to concussion of the brain, upon that part of the skull where discoloration existed, and, as can be easily conceived, met with the most injurious results. The mortality increasing, it finally fell into disuse for a number of years. Though the operation for trephining was performed with impropriety, there can be no doubt that evil has ensued by its not being resorted to.

Statistics inform us that out of 51 cases of compound fracture of the skull, 40 died and 11 were cured; and again, where the operation was resorted to, for epilepsy as well as fracture, in 107 cases 55 died and 52 recovered.

Trephining should be performed when there is a traumatic lesion of the head; in mechanical lesions of the head or hemiplegia with extravisation of blood.

Trephining is contra-indicated, if the lesion is speedily fatal or can be benefited by some other means; if a lesion be deeply seated, or in case of fracture, where the fragments do not produce pressure upon the brain; in diffused inflammation of the brain or its membranes.

The instruments that may be required for the operation of trephining are: a scalpel, pair of forceps to raise the flap, tenaculum, needles, ligatures, trephine, Hey's saw, sponges and dressings.

The patient should be first thoroughly chloroformed, and if the fracture be not compound, make a crucial incision over it to an extent that when the flaps are dissected from the pericranium, their bases will be beyond the boundary of the fractured part.

Then use the trephine, inserting the center pin only a few

lines from the fractured bone, so that the saw may overlap the injured part. After a sufficient track is formed withdraw the center pin. It is not difficult at any time to tell what depth is attained; for when the diploe is reached the bone-dust becomes discolored, less resistance is met with; or the trephine may be frequently removed and the depth measured. The bone-dust should be removed previous to reaching the inner plate. When it is reached remove the central disc. The dura mater is now exposed and care should be taken in not wounding it. After removing the clots of blood, insert the elevator between the depressed fragments of bone and membranes, elevating the former to its proper level. Remove all disconnected spiculæ of bone. Arrest hemorrhage by ligature or pressure. After the operation, cleanse the wound thoroughly, bring the flaps in apposition and retain them by sutures and straps. A warm poultice placed over the part to counteract the inflammatory conditions that might arise is quite justifiable.

Though the parts would readily heal by the first intention, it would not be policy to allow them to do so completely. There being a large amount of matter which forms during healing, there should be a small aperture for its exit. A drainage may be obtained by inserting a few threads of silk in each corner of the wound.

The evening of Aug. 23, 1880, I was summoned with Dr. MacLean to attend a lad aged about nine years. He received a kick from a horse, which took effect upon the frontal bone. Upon our arrival we found him in a semi-conscious condition, having a full bounding pulse 110, flushed face and increased temperature. Examining the wound, the following conditions were present: a large wound three inches in length, commencing over the left frontal eminence and extending to the right parietal bone, exposing the pericranium. There was also a fracture of the frontal bone and a depression two and one-half inches in length and one and three-fourths in width.

After having made an incision and dissected up the flaps, we trephined and found the fragments of bone resting on the

brain at an angle of about 60°. One being crushed into many parts, which we entirely removed, exposing the dura mater to the extent of two inches in length and one in width. Small spiculae were removed that were driven between the skull and dura mater. The membrane, though discolored, was apparently entire. The other fragment was raised to its proper level, the wound thoroughly cleansed, flaps brought in apposition, and the parts treated as before mentioned.

In addition to the treatment previously mentioned we used carbolic acid as an antiseptic, also veratrum and hyoscyamus. The temperature never increased beyond 99. The third week the boy crossed the bay to San Francisco and is now fully recovered.

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## GRINDELIA SQUARROSA.

BY J. H. BUNDY, M. D., OAKLAND, CAL.

Like many of the lately introduced remedial agents, this has suffered imposition from the fact of substitution, either willfully or ignorantly. There are some, strange to say, of our own school who are not willing to concede the fact, that a drug has been properly studied or scientifically applied in its application to disease, because *they* did not grind it through *their* mill. This is all well enough, as the selfish notions of such individuals are well understood throughout the profession. But willful substitution is unpardonable. The fact is patent that parties have and do fill orders from this Coast for Grindelia Squarrosa with the Grindelia Robusta, and *vice versa.*

Both drugs, therefrom, have been, to a certain degree, brought into disrepute, without proper justification. You would not expect the Grindelia Squarrosa to relieve any form of asthma; neither would you look for the Robusta to reduce splenic hypertrophy or to arrest the paroxysms of a chronic intermittent that had existed for months. I have known the Grindelia Rob. to be dispensed *three* different times within the past two months for the Squarrosa. It was properly put up

and labeled—but, was *not the drug* prescribed. It was *not* the fault of the druggist, but of the manufacturer.

I have a record of four cases of chronic intermittent with splenic hypertrophy to report, treated with Grindelia Squar. The preparation used was the *genuine*.

Case 1st, Mr. C, resided in Colusa; had suffered from chills for over eight months; was pale, anemic, pulse running from 90 to 100 continually; tongue and membranes of the mouth pale; constipated, no appetite, just able to be about a part of the time; œdema of the lower extremities, etc. Had taken quinine, strychnine, iron, alstonia, etc., with but little relief; spleen much enlarged and difficulty of breathing. Gave him the following:

℞ Quin. Sul. ℥ss;
Acid Tannic, grs., iv;
Aqua Cin., ℥i.
M. Sig.—Shake and take ⅓ every night.

℞ Fld. Ext. Grindelia Sqr., ℥iss;
Glycerine, ℥ii;
Ferri Tr. Mur., ℥ss.
M. Sig.—Teaspoonful four times daily.

℞ Fld. Ext. Cascara, ℥i.
Sig.—15 drops once daily to keep bowels regular.

Patient continued last two prescriptions for seven weeks and reported himself cured.

Case 2d., Mr. A. W. had been suffering 6 months from chills; had applied to three medical gentlemen for help. The patient was thoroughly anasarcal, severe cough, could not lie down, pulse about 100, tongue coated white, spleen much enlarged, no appetite. Prescribed the same as for Case 1st, with the addition of ℥ss of tr. digitalis to each ℥iv. Continued for 6 weeks, then left out digitalis and continued 4 weeks longer, when he was discharged well.

Case 3d., Harry P., aged 3 years, chronic intermittent of seven months; spleen much enlarged, in fact filling the entire abdominal cavity. Gave,

℞ Quin. Sul. ℥ii;

Adeps, ʒi.
M. Sig.—Apply freely by inunction twice daily.
℞ Fld. Ext., Grind. Sqr. ʒss;
Tr. Ferri Chlor. ℥ ii;
Glycerine ʒi
Syr. Simp. qs ad ʒiv.
M. Sig.—Teaspoonful three times daily.

Continued 5 weeks and was dismissed cured.

Case 4th, was a boy 5 years old, very much like case 3d. Gave the same treatment and was dismissed in 6 weeks.

If there are any "*specifics*" in medicine, Grindelia Sqr. *is one* for chronic intermittents and enlargement of the spleen. Be sure you are using *the genuine drug*, and you will neither be beset with fears nor failures.

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## SULPHATE CINCHONIDAE.

BY JOHN FEARN, M. D., OAKLAND.

In the present day, when every effort of the scientist and mechanic is bent to get the most accomplished with the least outlay of labor or money, I have often been surprised that medical men should continue to use quinine, when in the sulphate of cinchonidæ they have a remedy at hand, which for little more than one-third the price, will, according to my experience, accomplish as much as its more costly competitor.

It is some 5 or 6 years since I first had my attention called to it when practicing in Ohio. The first administration was attended with such happy results, that I have used it ever since, and time and further opportunity have only served to increase the first favorable impressions.

I have used it in malarial fevers, also in neuralgia and other diseases attended with periodicity, and the results have been most satisfactory.

When the system is properly prepared by a judicious use of the sponge bath, and in special cases by a careful use of the proper sedative, I find that small doses answer. I do not think I ever gave more than 3 grains at a dose. I will il-

lustrate with three cases from my practice within the last 3 years:—

A young man aged about 24, from imprudent exposure after making use of the hot sulphur baths, was taken with double pneumonia. When first called, the patient was very sick and altogether looked a very unpromising case; but regular sponge baths, and the use of small doses of the special sedatives with ipecac, soon changed the case, and each day my patient seemed improving. While I was congratulating him one day on his near convalescence, the nurse said: "Doctor, I wish you could see him at night." This led me to make close inquiry, when I found that there was distinct periodicity; that each night, for three nights then past, all through the night there would be increase of fever, cough, difficulty of breathing and consequent pain and restlessness; with the return of morning all these symptoms would abate. To put a stop to this recurrence, I determined to resort to sulphate cinchonidae and I prescribed as follows:

℞ Cinchonidae Sul. grs. vj;
Diaphoretic powder, grs. vj;
M. fiat. charts. iij.

Sig.—Give one every two hours, so that the last shall be taken two hours before the return of the paroxysm; also, before giving the last powder, bathe the body with warm vinegar and water. Result: no more return and with suitable tonics he made a quick recovery.

Case No. 2. A man aged about 57. He had been suffering a long time from attacks of periodic diarrhœa. No matter how carefully he dieted, no matter what medicine he tried, up to this time every few days he would have attacks of diarrhœa, which kept him very weak. Close investigation failed to discover any serious lession more than atony of the digestive track, but as he had lived more or less in a malarious district, it seemed feasible to suppose that malaria was the exciting cause. Not having a copy of the prescription at hand, I will give it as near as I can from memory:

℞ Cinchonidae Sul.;

Ingluvin;
Piper Niger, āā grs. xxiv;
M. fiat. Charts, xxiv.

Sig.—One chart after eating, three times a day.

Result: the diarrhœa was checked, the digestive organs gained strength and he was physically very much improved. In giving cinchonidae I would observe the same rules I would for the administration of quinine. If the skin is dry and hot, the pulse hard and quick, use the bath and the sedative, but no quinine or cinchonidae; if the skin is moist, the pulse soft and open, then use the antiperiodic.

Case No. 3, Facial Neuralgia, right side of face involved. Male, aged 57. Had traveled considerable, but said he had not lived in a malarial country. Every morning about 9 o'clock his face would become red, his teeth on the affected side would ache and through the day his sufferings were great; with night came relief, and so the case went on. Under the idea it was toothache he had two teeth drawn, but got no relief. He then called to see me. At this time the pain was severe, the right side of the face a bright red. For the hot stage I prescribed

℞ F. Ex. Gelseminum Gtts x;
Aqua Pura, ʒiij.
M. Sig.—ʒi every hour till pain and fever should subside.

Quinine being nearer at hand than cinchonidae, I prescribed

℞ Quinine Sul. grs. vj;
Fiat Charts iij.
Sig.—One at bedtime, one at 4 A. M. and one at 6 A. M.; the attack being expected between 8 and 9 A. M.

That day the attack was instigated in the evening. I prescribed the same amount of sulphate cinchonidae to be given in the same way and the difficulty was wiped out.

The three cases quoted above are but samples of many more that might be given to prove that it has antiperiodic properties; and what is more, though I have used it in many

cases, I have never yet heard a person complain of head symptoms after its use. But it is also invaluable as a tonic, and I will bring this article to a close by pointing out another place for its administration. In cases of convalescence after exhaustive diseases, such as hemorrhages, dysentery and the severer fevers, there is, besides extreme debility, a condition of distressing insomnia and nervous irritability, preventing the patient from taking that rest by night which seems so desirable. In a large percentage of these cases the following prescription will benefit the patient and please the practitioner:

℞ Cinchonidae Sul. grs. ix;
King's Diaphoretic powder grs. xij;
M. fiat Charts, ix.

Sig.—One every two hours in the evening; use also with it the foot bath with gentle friction of lower extremities.

So much then at this time for cinchonidae sulphatis, and from experience I am persuaded that if physicians will faithfully test it, they will often prescribe it.

## EDITORIALS.

### AN OLD FRAUD.

Our attention has been called to an article in the *Pacific Medical and Surgical Journal*, entitled "A Buchanan Diploma Mill in California." This is a grave charge and should only be made after thoughtful consideration. Honest men will not make such charges without proof; rogues may. If it be true, the institution should be exposed; if not true, he, who makes the assertion, is a scoundrel, and worthy of less respect than the highwayman, who demands your money or your life. If a statement of this kind is made for any other purpose than that of the public good, it is open to suspicion and undeserving of credence. He who makes an accusation against his neighbor and business rival for base and sordid purposes, is a dangerous man in any community. Was the

statement in question made with pure motives, or was it for the purpose of injuring an honest rival institution? Was it for apprising the public that a dangerous institution existed in their midst, or the overflowing of a depraved and vicious mind, which gloats over scandal and fattens on blackening the characters of upright, honorable men?

In regard to the charge, that the Eclectic Medical College at Oakland is "A Buchanan Diploma Mill," that we have sold diplomas or adopted any of Buchanan's or even Gibbons' crooked methods and practices, we have this to say:

We deny the charge, demand the proof, and pronounce the accuser an *infamous liar*. That we granted diplomas to "more than one," or any, who "had not studied more than a single year," or any not possessed of the ordinary skill and ability, we pronounce equally false.

But is there "A Buchanan Diploma Mill in California?" Might not the editors of the *Pacific Medical and Surgical Journal* be mistaken as to locality? Might not this "mill" be in San Francisco instead of Oakland? Might not the cry of these virtuous editors be the cry of the thief, who halloes "stop, thief!" that he may elude his pursuers and escape his just deserts?

We believe that there are just grounds for suspicion, and that the senior editor of the *Journal*, (whom we understand to be the writer,) is "head miller" in the concern. True, he may claim to have reformed; but whether he has reformed or not, it is not for him to make charges against any body of men. He is far from being like Cæsar's wife—above suspicion. His hands have been defiled and reputation stained by too many dishonorable transactions.

To show that we are not talking at random, or making indefinite charges, we will quote from the *Alta* a little transaction that occurred a few years ago in a Court at San Diego:

A certain physician on the stand as an expert, in reference to certain questions put by counsel, testified as follows:—

*Question.*—Are you a graduate of any College?

*Answer.*—I am.

*Q.*—What one?

*A.*—San Francisco.

*Q.*—When did you graduate?

*A.*—I received a diploma three years ago.

*Q.*—Did you ever attend the College at which you received your diploma?

*A.*—No, sir.

*Q.*—Then you just bought it, Doctor; is that it?

*A.*—I presented my credentials and they gave me a diploma on that, and on paying the lecture fees according to the regular customs, I received my diploma.

*Q.*—What is the name of the College at which you received your diploma?

*A.*—I will go and look at the diploma and can tell you then. [The witness went out and returned in a few moments.] The Medical College of the Pacific.

Here is a man who declares under oath, that he received his diploma from the Medical College of the Pacific, that he paid his money for it, but never attended lectures.

Where now is the "Diploma Mill," in Oakland or San Francisco? We assure you we have no idea of entering into competition with you in that line. Be easy in your minds. We want none of your grist. We propose to run a College that shall be an honor to the profession and a credit to the Pacific Coast.

This is one of many transactions of a similar nature. Probably the editors will recollect a certain ignorant "moss-back" named J——, who received a diploma after attending a few lectures in the same school, in spite of the urgent protest of prominent physicians of San Francisco; in other words, bought his diploma.

It appears the senior editor always had a hankering for this business; as it is said, before he had a "Mill" of his own, he acted as broker for a Philadelphia firm. We again ask the question: Where is the "Buchanan Diploma Mill?" Is it in Oakland or San Francisco? We leave the public to answer.

With brazen impudence these vile diploma venders talk of the duty they owe "to the profession and to the public." The only duty they owe, is to close their "shop" and Judas like go and hang themselves. The concern has been too long a disgrace to the medical profession. There is no other city in the Union that would tolerate the excrescence. Let San Francisco follow the example of Philadelphia and wipe out the "Gibbons' Diploma Mill."

The *Pacific Medical and Surgical Journal* has on several occasions made ungenerous attacks on us, the motive of which is too plain. Some students who attended the college in which the editors of the *Journal* are professors, preferred to graduate from our college. This is the head and front of our offending. Forbearance has at last ceased to be a virtue. From this time forward we propose to strike blow for blow, neither asking for mercy nor giving quarter.

"Lay on Macduff;
And damn'd be he that first cries: HOLD, ENOUGH!"

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## GUILTY OR NOT GUILTY.

With a great deal of reluctance we have consented to the publication of Dr. Crowley's communication in this issue of the JOURNAL. Not but what we believed the Dr. had right and justice on his side, but we hated to confess our own shame. We know that our enemies will take advantage of the disclosure; at the same time we feel we are doing our duty to the profession to show the position in which the Board of Trustees and Examiners stand, and our relations to them.

For every member of the Board of Examiners we have the kindliest feeling. Our relations with them personally have been and are the most pleasant. We can say the same of the Board of Trustees. Our differences are differences of opinion of right and wrong. We unhesitatingly claim that Dr. Crowley was in the active discharge of his duty, when he refused to sign the license in question. He had taken upon himself a solemn obligation to uphold the laws of the State of California to the best of his judgment and ability. In re-

fusing to sign that license he was maintaining his oath of office inviolate. He was honest in his judgment and true to his convictions. Had he done differently he would stand accused before his own conscience as a guilty perjurer.

Personally we are well aware that Dr. Crowley has no enmity against the applicant. But that he has an unlimited contempt for a Buchanan diploma is equally true. While we do not fully share in this feeling with the Doctor, as we are aware that many honestly attended that school, and graduated from there in good faith, we believe in scrutinizing every document emanating from the school and granting licenses only on such as can be proven to have been obtained in the regular legitimate way. To say the least, the manner of obtaining the diploma in question was open to suspicion. According to the best information we can obtain, the applicant attended lectures in the year 1852; his diploma is dated 1870, and Buchanan's college record shows it to have been issued in 1876. These are the facts as we understand them. The gentleman is supposed to be above suspicion and incapable of doing a dishonorable act. But his standing had nothing to do with the case. The facts are what Dr. Crowley had to deal with as an officer of the law. If it be *neglect of duty* to refuse to sign a license based on what he considered a fraudulent diploma, then he is guilty, otherwise he is not. If it be *neglect of duty* to stand for the elevation of the eclectic medical profession on this coast, we wish the same charge could be alleged against every member of the Board of Examiners. We believe that every honest and conscientious man who anxiously desires that the eclectic profession should be as pure as its principles, shall honor his conduct and proclaim with one approving voice: "Well done, good and faithful servant."

The action of the Board of Trustees, sitting as a "star chamber" in declaring the office held by Dr. Crowley vacant was arbitrary and without a shadow of authority in law. He was not cited to appear before their august body; no attempt was made to show that he was guilty; no evidence

was produced to prove his guilt, nor do the records of the meeting show that he was found guilty of any *neglect of duty*. If the By-Laws of the Society, under which the Board pretended to act, gave them jurisdiction in the matter (which we doubt), they could not declare his office vacant until they first found him guilty of *neglect of duty*, and so declared the fact, no more than the judge on the bench, without hearing the evidence, and a verdict of guilty declared, can adjudge the penalty of an offence and declare the sentence of the offender. The Board of Trustees declared the office of Dr. Crowley vacant without finding him guilty of any offence; therefore it was in violation of law and void. He was never legally deposed—he is still a member of the Board of Examiners and all licenses issued without his name are null and void.

As men we have not a word to say against any member of either Board—Trustees or Examiners, but as Boards, to whom are entrusted the welfare and good name of the eclectic medical profession, we charge them with being derelict in their duty. We charge the Board of Examiners of being too loose in granting licenses, and derelict in duty in not ridding our profession of shameless advertisers and characterless charlatans. We propose to ventilate this subject from time to time until we are rid of the barnacles and dead weights that are a disgrace to any respectable society.

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## A POULTICE FOR GIBBONS.

We reprimand our aged friend Gibbons with severity, and we are sorry to say he deserves it. He has, with a great deal of gusto, referred to the youthful professors of the California Medical College. Although he would not say, but that they were educated gentlemen, yet their inexperience, he continued, would not allow them to do justice to their subject. Can Dr. Gibbons, conscientiously, wish us to understand that he has arrived at the acme of medical knewledge? If so, had he not better state that he was only jesting when he poulticed an aneurism for three months, thinking it to be rheumatism,

and finally when he felt a throbing sensation, that he exclaimed "pus!" Subsequently he could have exclaimed death! for the patient now lies sleeping in Lone Mountain's sacred grounds. He referred to some of the graduates of the college in Oakland as "embryonic productions." Would the learned gentleman inform us how many graduates from the Pacific College are now practicing without having passed through the stage of incubation? Ah! my young professors, poultice your aneurisms, throw away your intelligence and education, disgrace your profession, and then you will be, not Dr. Gibbons, but a close imitation.

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## ANOTHER ECLECTIC MEDICAL COLLEGE.

California greets Indiana, and wishes God speed to the new medical college lately organized at Indianapolis. We hope the friends of the institution will realize their most sanguine anticipations. There is room and to spare for good eclectic colleges, and we have every assurance our Indiana friends will run nothing else. However much the medical profession is crowded, thoroughly-qualified eclectic physicians will have no difficulty in finding desirable locations.

We believe in more eclectic colleges. In numbers we have strength. We hail with pleasure all accessions to our ranks. The spirit of the inquisition is not yet dead. Medical as well as religious bigots are still in existence. There are a class of medical men who are intolerant, and would crush out all others if they had the power.

Success to you, gentlemen. You have our sympathy. Our hearts beat in unison with yours in your endeavors to build up the cause of liberal and progressive medicine.

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## YOUNG PROFESSOR VERSUS OLD QUACK.

The California Medical College has young professors, the Medical College of the Pacific has at least one old quack. Henry Gibbons, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Medical College of the Pacific, poulticed an abdominal *aneurism*, for

three months, and probably would have continued the same kind of treatment until now, if the Almighty had not interfered and removed the patient beyond his control. What do you think of that for a learned professor? How much more valuable is that kind of teaching than that of an intelligent young man?

This circumstance occurred in the San Francisco County Hospital. There will be no use to deny it. We have abundant proof of the fact. Poulticing an *aneurism*! Just think of it! We know of no other quack in the State that would be guilty of such ignorance. Yet the presumption, impudence and cheekof this individual is beyond all calculation. He belongs to the Royal Family of physicians. A privileged class. A *Regular* if you please. Yes, a regular "old quack."

## SELECTED.

## ERGOT IN DIABETES MELLITUS.

BY JOSEPH W. HUNT, M. D. (LONDON),

*Physician to the Wolverhampton and Staffordshire General Hospital.*

Till but a few days back I fondly imagined that I should be the first to recommend to the profession the use of ergot as a more or less successful mode of treating certain forms of diabetes. I have, however, lately found that Dr. Pepper, of Philadelphia, advocates its use,* though he does this more for the relief of a symptom, profuse diuresis, than as the main feature in the treatment of the disease. It is very possible too that others may have reported cases treated by the same drug, though these have escaped my notice; while, undoubtedly, many must have tried it, even if they have not reported their results, since its great value in diabetes insipidus and its well-known action in causing a contraction of the arterio-capillary vessels must have led to its adoption by those who consider diabetes to depend primarily on some disorder of the vaso-motor system.

Thos A., æt. 40, married, an engine-fitter, was admitted as

*New York Medical Record, July 10, 1880.

an in-patient under my care, March 27, 1880. With the exception of sixteen weeks illness, said to be "consumption," when he was fourteen years old, he had enjoyed good health till the last few years. Lately he had suffered from chronic bronchitis, which he attributed to his working in a steam-shed. A paternal aunt died of phthisis, and his eldest daughter suffers from severe epileptic fits. No other phthisical or neurotic history could be obtained. He had always been a moderate drinker, but last Christmas Eve he drank much more than his wont, especially of spirits, and was "quite drunk." On the following day there was a sudden onset of marked thirst, accompanied by profuse diuresis. These symptoms increased, and he very rapidly lost weight. He was seen by an experienced medical man, who recognized the nature and gravity of the case, and by whom he was placed on a most judiciously-selected diet, notwithstanding which he continued, though more slowly, to retrograde, passing, according to his own account, about three quarts of water in the twenty-four hours, and drinking much the same amount of fluids.

On admission he appeared to be a well-built man, with evident marks of having maciated considerably. His expression was anxious. Skin slightly moist, non-febrile. No general or local œdema. No enlarged glands. Gums spongy, and bled readily; teeth loose, and breath offensive. Appetite good. Thirst very marked. Tongue broad, pale, moist, indented with teeth and covered with whitish fur. Bowels constipated. An examination of the chest showed a marked tendency to emphysema, while at each apex, especially the right, the percussion note was slightly deficient. At each apex the breath sounds were divided and harsh, with prolonged expiration, and at the right apex was heard an occasional sonorous *rale*, most marked with expiration. The heart was normal. Pulse 80, small and compressible. Abdomen normal. Optic discs normal. Sight good. The urine was of a clear amber color, acid, sp. gr. 1046. It contained a very large amount of sugar, and no albumen. He passed in the first twenty-four hours 76 ounces of water, but this,

he said, was much below the normal amount. Weight 9 stone, 13 lbs.

*March 29th.*—I saw him on my usual round and ordered him, Ext. Ergotæ Liquid. ℥j ter die; and in order that this treatment might have a fair trial and be uncomplicated with other favorable conditions, I ordered him a full and liberal diet with plenty of starchy food. No sugar was allowed, but he was told he might have what else he liked, and having been for some time on a restricted diet, he gladly availed himself of the permission.

*April 2d.*—Passed 60 ounces of urine, sp. gr. 1042. Ergot increased to ℥iss.

*April 8th.*—Passed 42 ounces, sp. gr. 1035. His general condition had much improved. All thirst had gone, and he told me with much pleasure that he had been ten hours without anything to drink. Though he got up twice at night to pass water, he was able to hold it much longer. Weight, 10 stone. He was now strictly dieted, being ordered 4 ounces of cooked meat three times a day, 2 pints of ordinary beef-tea, 1 pint of milk, 1 ℔ of green vegetables, and some gluten bread; to take nothing else.

*April 14th.*—The patient continued to improve, though he occasionally suffered severely from dyspepsia. His diet was reduced to a chop for lunch, and 2 ounces of meat twice a day with ½ ℔ of vegetables; the liquids as before. As he very much disliked the gluten bread it was omitted, and he was allowed in its place about 2 ounces of very well-toasted thin slices of bread. Urine 38 ounces, sp. gr. 1026. For the last two weeks he had taken a considerable amount of walking exercise, and also assisted in more laborious employment, such as rolling the tennis lawn, but it always seemed to me as if exercise was not so advantageous to him as it frequently is to many other diabetics.

*April 21st.*—Urine 38 ounces, sp. gr. 1020. The amount of sugar is very small, and only reduced after boiling some time with Fehling's solution and then standing some time.

*April 25th.*—Rep. mixt. 4tis horis.

*April 26th.*—Urine 45 ounces, sp. gr. 1021. No trace of sugar even after prolonged boiling and waiting some time. He still suffered much from dyspepsia, for which he was ordered nightly a pill containing belladonna, nux vomica, and aloes.

*May 7th.*—Weight 10 stone 2 lbs. Since last note his urine has varied in quantity from 41 to 48 ounces, with a sp. gr. of from 1015 to 1022. Occasionally a little sugar is present.

*May 9th.*—Rep. mixt. 6tis horis.

*May 16th.*—Rep. mixt. ter die.

*May 25th.*—Omit mixture.

*June 9th.*—Patient had not been doing so well lately. He had suffered much from dyspepsia, with constipation, alternating with occasional attacks of diarrhœa. This was much improved by a mixture containing bismuth and strychnine. His urine has varied in quantity from 30 to 45 ounces with a sp. gr. from 1020 to 1030. He was ordered ℥iss. of ergot every night and morning.

*June 14th.*—Rep. mixt. ter die.

*June 29th.*—This date patient was discharged. Weight 10 stone 5 lbs. Urine 45 ounces, sp. gr. 1023. But for his dyspepsia, which had much improved, he had nothing to complain of. Appetite good, no thirst; skin moist, and perspired readily. Only required to get up once at night to pass water. The physical signs at the apex of each lung remained much the same as on admission, with the exception that the percussion note had improved. His urine contained a slight amount of sugar, more than for some weeks previously. He was ordered to continue his diet as when in the hospital, and to take ℥j of ergot three times a day.

Since his discharge he has appeared regularly in my out-patient room, and his condition, with the exception of one or two attacks of diarrhœa readily checked by opium, catechu, and bismuth, has been most satisfactory. On no occasion has there been any sugar present. When last seen, August 7th, he was returning to his work. The sp. gr. of the urine

was 1030, and he said he passed no more than when in the hospital. He continues the same diet.

Those who, like myself, carefully watched the progress of the case from day to day, were much struck by the beneficial results obtained by the use of ergot, though of course it cannot have all the credit, as the dieting doubtless assisted. It will be noticed that at the commencement of the treatment, when the patient was allowed an almost unlimited diet, subsequently to a period of strict dieting, that not only the amount of urine passed was very much diminished, but also the specific gravity was much reduced, while the general condition proportionately improved and the patient slightly gained in weight. Again, towards the close of his stay in the hospital, when the ergot was left off but the dieting continued, the patient lost ground considerably, but improved on resuming his medicine. His own opinion, whatever it may be worth, was very strongly expressed in favor of the ergot,

In the case of another patient who came under my care towards the close of 1878, with the history of twelve months' illness, of which the most prominent symptons were excessive thirst, profuse diuresis and progressive weakness, and a loss in weight of 4 stones, almost equally satisfactory results were obtained. Under a free meat diet and the use of ergot his urine diminished in quantity from 118 ounces to between 40 and 50, and the sp. gr. from 1040 to between 1022 and 1028, and for a time sugar entirely disappeared. It, however, subsequently was discoverable in small quantities, and since his discharge whenever he has come under my notice some has always been present. On the whole, however, his general condition has been most satisfactory, and whenever he feels out of sorts he comes to my out-patient room for a little more of the medicine that did him so much good before.

With regard to the dieting of hospital diabetics, some such diet as that ordered to Thos. A., and described above, has appeared to me the most useful. The principal requisite is that while it shall contain no sugar-producing substances, it shall be such that they can easily obtain it when at home,

and that it will not produce disgust. Thus I readily allow some very thin slices of well-toasted bread in preference to gluten or similar forms of prepared bread, since, even if they relish it, which is not frequently the case, their scanty means will not enable them to obtain it when they have left the hospital. I place great reliance on a free supply of meat, allowing my patient from $\frac{3}{4}$ to $1\frac{1}{2}$ pounds of cooked meat in the twenty-four hours, and I place no restriction on the amount of fluids drank, though I generally find that 2 pints of milk and 1 pint of beef-tea will satisfy all their wants.

In conclusion, I may say that I have never seen in any case in which I have pushed the ergot, even to one ounce of the liquid extract in the twenty-four hours, any interference with the circulation such as can be made out either with the ophthalmoscope or by means of feeling the pulse, nor have any unpleasant symptoms declared themselves even when the treatment has been long continued. Possibly it has once or twice given rise to some dyspepsia, though this has not been the case with any of my diabetics. In the case of Thos A., the dyspepsia, which was one of his most troublesome symptoms, was unconnected with the use of the ergot, and was even diminished by it. His occasional attacks of diarrhœa were proved, too, to be unconnected with the use of that drug.

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## THE TREATMENT OF ASTHMA.

Dr. Berkart states that the most common and severe form of asthma is œdema of the lungs, as it occurs in the obese and the cachectic, as well as in those suffering from valvular lesions of the heart, from gout, and from renal disease (uræmic asthma). It is invariably the result of a temporary failure of the left ventricle, while the right is still able to act, and develops itself, either in the midst of apparently perfect health with the suddenness of a fainting fit, or as a rapid exacerbation of an existing cardiac derangement. To understand its pathology, it is well to remember that constitutional and local

causes tend to impair the nutrition of the cardiac muscles to an extent varying from the cloudy swelling of the individual fibre to its brown atrophy or fatty degeneration. The heart, notwithstanding these changes, continues to perform its function in accordance with the requirements of the organism, and without painful perception of the patient. It is only when an increased demand is made upon its energy, and on the accession of an irritation, that the organ manifests its inherent weakness, by its inability to meet the one and to resist the other, even if both are so slight as to be powerless to cause disturbance in a healthy person. Œdema is thus readily produced by imperfect ventilation of the lungs, as it arises from the rapid extension of bronchitis, from embolism of a large branch of the pulmonary artery, and from excessive meteorismus. The reason is that the blood, abnormally rich in carbonic acid, irritates the centres of circulation and respiration, and that finally while the right ventricle is able to empty part of its contents into the pulmonary artery, which possesses no tonus, the left is incapable of doing so on account of the increased tension of the systemic vessels. In these circumstances the subcutaneous injection of one-sixth of a grain of morphia acts like a charm. As soon as the morphia is absorbed, which requires a longer time than in health, the painful oppression at the chest and the hacking cough disappear; the noisy and frequent respiration becomes quiet and slower; the cyanosis of the face and lips gives way to a flush; the cold and clammy skin becomes warm and moist; the contracted artery widens and fills; the heart regains its previous force and rythm, and with them return its impulse, its sounds and its murmurs, whilst the consequences of its temporary failure as regards the lungs subside more or less completely. There is subsequently neither languor or drowsiness, even in those who at other times are very susceptible to the influence of narcotics. Morphia merely counteracts the effect of the abnormal quantity of carbonic acid in the blood, and with attainment of that object its influence is exhausted. (*The British Med. Jour.*, July 17, 1880.)

# DIABETES INSIPIDUS,

*With Atrophy of Optic Nerve and Extreme Enlargement of the Liver—A Clinical Lecture delivered in Rush Medical College, Chicago,*

BY NORMAN BRIDGE, M. D.,

*Lecturer on the Practice of Medicine.*

This poor woman comes to us to-day for relief from some of the more annoying of the many symptons of disease with which she is afflicted. On seeing her I recognize an old patient. She was sent to my clinic over three years ago by Prof. E. L. Holmes, for an examination for renal disease. She had sought Prof. H. on account of loss of sight in one eye, and he had discovered atrophy of the optic nerve. On examining her urine she was found to have diabetes insipidus. She remained under treatment about a month, and then disappeared, since which I have not seen her till to-day. At her former visit she related (and confirms to-day) that she was about thirty years old, and had always had good health until her first marriage, which occurred eleven years before. Two years, or a little more, after marriage, she contracted syphilis from her husband. She bore two living children soon after marriage, and subsequently had three or four miscarriages. Her last child, born prematurely, was delivered two years before she came to the clinic. Six months after this confinement she began to void abnormally large quantities of urine. She had steadily grown worse in this particular, till at the time of her visit she declared she passed each night a large chamber-vessel twice full of urine, and as much in proportion during each day.

She had commenced to get stout as soon as the diabetes began, and had become quite obese. Her general physical appearance has not changed since her first visit here. She is short of stature, but probably weighs two hundred pounds.

Two months before she consulted Prof. Holmes she noticed a failure in the sight of her left eye. In a few weeks the eye had become entirely blind and the optic nerve atrophied.

At that time she had a poor appetite, and her temperature was slightly above the normal. The urine had a specific gravity of 1003, and of course contained no sugar; neither did it contain albumen; the microscope revealed nothing abnormal in the specimen. There was no œdema in any part of the body.

She now says that during her absence there has been no amelioration in her condition in any way. She has continued to void enormous quantities of urine without interruption, and to be beset with the same overpowering thirst she complained of years ago. Her tongue has a dark coating, and is dry, as you see. She has anorexia, and occasional vomiting and diarrhœa. She says she has had for many months past a severe headache much of the time, and that it has occurred at all hours of the day and night. She is not certain, however, that it is worse in the night than in the daytime. She tells us of another symptom, which she says has been present a good deal of the time since we last saw her—that is, fever. Implicit reliance should never be placed on such a statement, for this is a matter in which a patient may easily be mistaken. No one is certain to be a reliable judge of whether he himself is feverish. But the thermometer, under this woman's tongue, registers 191° F., so her statement may be correct, and surely the appearance of the tongue is not surprising. The abdomen is distented with gas, and tympanites is everywhere apparent except over the region of the liver. This organ projects two inches or more below the borders of the ribs and has a hard, regular outline; it is considerably enlarged.

A prominent feature of this case is the symptom of diabetes. Absence of emaciation, notwithstanding the presence of fever, convinces us that sugar could not be present in the urine. No patient could have such an experience with saccharine diabetes without emaciation. Diabetes insipidus, then, is the name we naturally apply to this disorder, although our patient has important morbid conditions not necessarily belonging to that disease.

The nature of diabetes insipidus is a matter of some uncer-

tainty. It usually is not a disease of the kidneys, unless a functional disturbance of these organs is a disease of them. The polyuria is similar in character to that which attends certain temporary disturbances of the nervous system, as hysteria, sick headache, or a fit of some disturbing emotion. These disturbances we know to be frequent, evanescent, and harmless. The kidneys simply cast out from the blood a quantity of water in excess of the normal limit; the solid constituents are little or not at all increased, and no abnormal substance is present. In cases of true diabetes insipidus, on the contrary, there is usually an increase in the total amount of solids excreted, particularly of urea, but this can hardly be said to be a distinguishing feature of the disease. Diabetes mellitus is always distinguished by the presence of sugar in the urine.

There are certain conditions of disease of the kidneys that produce a slight hydruria; these are chiefly the fibrous degeneration known as contracted kidney, the amyloid degeneration, and the rare affection, hydronephrosis.

The excessive thirst and polydipsia are not the cause of diabetes insipidus, but rather the consequence. The patient drinks because his blood is impoverished in its water. Some analysis of the blood of these diabetic patients have shown it to be abnormally concentrated. The frequent reproach put upon these patients, then, that they prolong the disease by their intemperate imbibition of fluids, is as unscientific as it is cruel. The quantity of urine sometimes expelled is fabulous. Ten gallons have been known to be voided by a single patient in twenty-four hours.

With the great increase in quantity there is always a corresponding lowering of the specific gravity. The urinometer often registers as low as 1001, and the specimens are pale, nearly devoid of the usual urinous odor and color and acid reaction; they contain no abnormal ingredient.

Curiously, the general health and strength of these patients are usually not much disturbed. They maintain their normal weight, eat freely—sometimes inordinately. Where the total

amount of urea excreted is above the normal and no emaciation occurs, an increased appetite should not occasion surprise. What are the causative lesions of this affection?

The evidence points to the nervous system as the seat of the mischief. A number of *post-mortem* examinations have revealed gross morbid changes in different parts of the brain, but most in the medulla oblongata and the region of the fourth ventricle. In a few instances injury to the skull, and tumors in different parts of the cortex of the brain, and chronic diseases of the spinal cord, have seemed to act as causes of this disease. Of course, with such various lesions of the nerve-centers we have a various and formidable array of nervous symptoms. In a few cases cataract, and in a few atrophy of the optic nerve have been recorded. Degeneration of the solar plexus and various diseases, chiefly cancerous, of the liver, have been known to attend diabetes insipidus, but whether as cause or coincidental condition is not known.

Long ago it was found, in experimenting upon animals, that irritation of the floor of the fourth ventricle might cause diabetes mellitus. Brown-Sequard found that irritation of a point just above and anterior to this caused diuresis without sugar. The results of these experiments seem to find a correspondence in clinical observations. Lesions have been found in cases of diabetes insipidus in the same part of the brain where in the vivisections artificial irritation induced hydruria.

Syphilis occasionally produces deposits of morbid material in the brain, chiefly in the form of gummatous tumors. Some of the cases of brain-lesion in diabetes insipidus just referred to were of this character, and the suspicion is natural that in the case before us a lesion of the same sort exists. This suspicion is strengthened by the eye-symptoms present in this case, and the neuralgia, as well as the history of her specific infection.

A growth in the brain, or a degeneration, or other morbid change capable of inducing diabetes, might easily cause other nervous symptoms. Paralysis of certain muscles might ensue if the lesion involved the origin of motor nerves supplying them, or organs of special sense might be disturbed in their

function. Certain nerve-fibres of sight are known to originate near the vital spot in the brain already referred to.

Now, this patient has had, besides the symptoms of diabetes insipidus, severe headache that cannot be charged to the functional disturbances of the system that usually cause headache, or to the diabetes *per se*. She has had various neuralgic pains of other parts of the body that can hardly be induced by rheumatism, and she has atrophy of an optic nerve. She gives a history of syphilis which is confirmed in some degree by frequent miscarriages.

A specific deposit in the neighborhood of the fourth ventricle of the brain could rationally produce many or all the symptoms we have referred to. That such a deposit exists we cannot now demonstrate, but the suspicion of its existence is made plausible by the enlargement of the liver. This may be due to subacute inflammation of the liver, and the slight fever lends force to this view. But the known specific history makes it difficult to avoid the suspicion that the enlargement is due to a gummatous deposit in the organ.

Can treatment benefit this woman? It is to be remembered, so far as the diabetes insipidus is concerned, that it rarely kills anybody. Patients are often destroyed by the lesions that induce the diabetes, as this patient probably will be, but the hydruria is comparatively harmless. No treatment for the latter has been generally efficacious. The plan of withholding fluids in true diabetes insipidus is always unsuccessful, as might be expected.

Tannic acid has been used with a hope of causing an astringent action, and thereby checking the drain. Some slight success has resulted.

Ergot, which of late has been employed whenever it is desired to cause contraction of capillaries, has been tried in diabetes insipidus. As renal congestion in some guise is supposed to make the diabetes possible, this would appear to be rational practice. The experiment has been attended with good results—not a uniform success, but enough to encourage us to further use of the drug.

If our surmise of the specific nature of this woman's trouble be correct, can anything be gained by antispecific treatment? Yes, probably something; but not all, nor perhaps much. I suppose it is now concluded that antisyphilitic treatment is impotent to remove far-advanced gummatous masses, or amyloid degeneration from the body.

If such were the case, this patient should not now be in this deplorable condition; for she tells us that since her former visit to us she has taken large doses of iodide of potassium almost continuously.

So far from any improvement, she has grown worse.

Nevertheless, we shall prescribe her moderate doses of this drug with ergot; and as she has fever, we shall prescribe quinine or cinchonidæ in moderate doses, with opium sufficient to control pain.—*Medical Record.*

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## TREATMENT OF SPASMODIC ASTHMA.

BY R. B. FAULKNER, M. D.

In the smoky city of Pittsburg, quite well known throughout the United States as a resort for the bettering of those afflicted with asthma, we have a great deal of that disease. There are here many residents, natives of our city, sufferers from asthma. Yet there is in Pittsburg (Allegheny is only a suburb) the smokiest and heaviest atmosphere of any city perhaps on the continent. Dr. Hyde Salter, of London, says that an urban residence is preferred for asthmatics, and more especially that portion of a city in which the atmosphere is the heaviest and smokiest. Yet again, notwithstanding the opinion of so high an authority, it seems to me, through actual experience here, that those benefited by a Pittsburg residence are strangers, and are relieved according to the rule in this disease that travel and *change* will bring relief—the centres of relief being elsewhere as well as here.

I speak of pure nervous or spasmodic asthma—a disease in which I recognize two pathological elements: 1, *nervous spasm* of the bronchial tubes; 2, *hyperœmia*, approaching or amounting to inflammation. Difficult breathing involves all

the physical signs. The *râles* have *a double character—id est*, they occur *both in inspiration and in expiration.* This I recognize, with Prof. Alonzo Clark, as a *sure sign* of spasmodic asthma.

In this disease I have tried, in vain, everything mentioned by the best authorities in therapeutics. Morphine I have relied on mostly; then nauseants and antispasmodics, *ad infinitum.*

On the first day of last April I was called to attend a lady, aged fifty years, whom I had attended at different times for over three years. On that day commenced the most violent attack of asthma she had ever had. Until the 10th day of May she had never left her room—scarcely ever the chair in which she sat. Breathing was difficult, without intermission. So much medicine had I given her that now I was beginning to fear the result in her case. Morphine quieted her, but as soon as I diminished its quantity the dyspnœa returned as bad as ever. At last her limbs became very much swollen; she became very weak, having had no appetite at all. I feared emphysema; I feared a termination of my case in dissolution. The lady had been a life-long sufferer from asthma; was a farmer's wife, but for over three years has been a resident of this city, and a lady of leisure. As a last resort, the idea arose in my mind, and I applied counter-irritation over the pneumogastric nerves from the upper part of the thyroid cartilage to near the upper borders of the clavicles, with tincture of iodine, even to blistering, when relief followed so rapidly and completely as to make me doubt that it was due to my application. In twenty-four hours the lady was greatly improved, and within forty-eight hours from the time of painting her neck *her asthma had disappeared entirely.* I was not satisfied, but determined to paint her again so soon as the asthma returned. It has not yet returned. After the paroxysm had terminated, she took iodide of potash for several weeks, and has been better than ever before in her life.

The next case is that of a gentleman, æt. 42 years, a farmer. He has had spasmodic asthma all his life. His

mother had it through her lifetime. He had been having attacks, growing worse every night, for a long time. I at once applied *counter-irritation over the pneumogastric nerves* in the neck, and placed him on iodide of potash. The night of the day on which I painted him (August 12th) he slept. He said that he never saw relief come so quick. That last night was the most pleasant night he ever had."

Case III.—Gentleman, æt. 32, afflicted with spasmodic asthma since he was two years old; had been having attacks every night. I painted his neck with iodine, making a streak about half an inch in width, and ordered potash internally. I cured the paroxysms.

All I have observed and all I claim for this treatment is relief of the paroxysm; and, thus far in my experiment, of the first paroxysm in which it is applied, because the patients have had no more since I first applied it, but all continue better.

These are three cases, consecutive, and all made better. It is a very limited number, but recollect they are consecutive cases of pure spasmodic asthma, which have occurred within five months in my practice, and as I may receive no new cases for some time, I speak of them for what it may be worth.—*Medical Record.*

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## ANALGESIA BY RAPID AND FORCIBLE RESPIRATION.

To escape suffering pain, to avoid giving pain, are points of interest and importance to both patient and surgeon. There are many minor surgical operations, such as the extraction of teeth, the opening of abscesses, etc., which are of such brief duration that surgeons are reluctant to incur the risk of chloroform or the annoyance of ether, and which are yet attended with very great, sometimes intense pain. Especially in dental practice nitrous oxide gas has been used quite extensively, and with great satisfaction, but the facilities for its administration are not always at hand.

At a recent meeting of the Philadelphia County Medical

Society, Dr. Benjamin Lee brought before the society the results of some observations and experiments which he had made upon the subject of analgesia induced by forcible and rapid respiration. From his paper published in the *Philadelphia Medical Times*, we gather the following facts concerning the subject:—

His attention was first called to the subject by the report of a servant who had been sent to Dr. Bonwill, a well-known dentist of Philadelphia. She said that "Dr. Bonwill had pulled her tooth and did not hurt her a bit;" that "he made her breathe as fast as ever she could, and before she knew it the tooth was out." There was no pain, although she perceived the jerk, when the tooth was extracted.

Not long after this, he had occasion to open an abscess in the perineum of a young man about twenty-five years old, rather delicate and decidedly nervous. After the young man had made rapid inspirations for about three-quarters of a minute, the doctor made an incision about an inch long and evacuated several ounces of pus. He continued the rapid breathing for at least half a minute longer, and was surprised to find that the operation was completed. He had felt nothing except a sensation of pressure upon the tumor. A fistulous communication with the urethra appeared in a couple of days, and it became necessary, ultimately, to lay open this fistula. Two bridles, each an inch broad, were divided with scissors on a grooved director; and by the same method perfect freedom from pain was secured, although the operation was, of course, much longer than the former one.

In another case where he lanced a felon, there was not the same success. The patient's nerves were completely unstrung from the intense and protracted pain which she had undergone; and she could not be made to breathe with sufficient force and rapidity to secure the desired effect.

Dr. Lee does not undertake to explain how this effect is produced, whether it is a form of hypnotism or the result of a modification of the cerebral circulation, brought about by the respiratory act. He merely brings forward the result of his

observations thus far, believing that they show that by a continuance of rapid and forcible respirations for a certain length of time, it is possible "to induce such a condition of the nervous system that pain shall not be appreciated by the sensorium."

Dr. Bonwill has made use of this mode of securing freedom from pain in dental surgery for several years past, and especially during the last five years. He informs his patients that they will be fully conscious of all that occurs, and perceive every touch, but will feel no pain if they keep up the inhalations energetically and steadily during the whole operation. The inhalations must be at the rate of one hundred a minute. It is very difficult for a person to breathe more than one hundred times a minute, and "*for the minute following the completion of the operation the subject will not breathe more than once or twice.*" Very few have force enough left to raise hand or foot. Dr. Bonwill claims that the results of his experience are such that there is no longer any necessity for chloroform, ether or nitros oxide in the dental office for the purpose of extracting teeth or deadening sensitive dentine.

Drs. Garretson and Hewson have made use of this system of rapid respiration in connection with the usual anesthetics in major operations where time is needed, and find a much smaller quantity of the drug to suffice than when it is given in the usual way. Dr. Hewson makes use of the rapid breathing to the exclusion of the drug anesthetics in midwifery practice.

Dr. Bonwill's theory of the effect of the rapid respiration is: First. That there is diversion of the will-force in the act of forced respiration at the rate of one hundred per minute, which involves such concentrated effort that ordinary pain would make no impression while this abstraction is kept up.

Second. That there is a speedy effect due to the excess of carbonic acid set free from the tissues by the rapid respiration.

Third. That hyperæmia is caused by the rapid respiration retarding the flow of blood from the brain.

Further observation and investigation are necessary to determine the scope as well as the *modus operandi* of rapid respiration in causing analgesia, but if it shall prove as efficient in the practice of the many as it had done with Drs. Lee and Bonwill, it will be a very valuable discovery.—*St. Louis Courier of Medicine.*

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## THE CAUSE OF MISS NEILSON'S DEATH.

The London *Times* of August 26, publishes the following letter:—

I take the liberty of asking room in your columns for a word in regard to the death of the lamented Miss Neilson. For the last five years I have had the charge of her health during her visits to Paris, one of the treatments running through a period of four months. The disease from which she suffered principally was gastralgia—one of the forms of dyspepsia attended with neuralgia of the stomach, a form ex tremely fantastic in its coming and going, and, in her case quite as dependent on moral causes as on errors of diet. The last fatal attack in the Bois de Boulogne was evidently one of her usual attacks of gastralgia, which might have been relieved then, as it often had been before. by a free use of morphine. The unfortunate lady sent her maid for me at 7 o'clock, but to my great regret I was absent that evening on a visit to my family in the country, and did not hear of her illness till I heard of her death. At 3 o'clock in the morning. twelve hours from the commencement of the attack, during a most violent recurrence of the pain, she suddenly ceased to complain, went into a state of syncope and died in the syncope. The post-mortem examination made the next day by Dr. Brouardel, Professor of Legal Medicine at the Medical School of Paris, and now one of the first authorities in Europe in legal medicine, disclosed the extraordinary fact—one of the rarest in the history of medicine—that in her writhing she had ruptured a varicose vein in the left Fallopian tube, and had died from internal hemorrhage. Two quarts and a half of blood were found in the peritoneal cavity, and the ruptured vein presented an orifice of from four to five millimetres in diameter.—W. E. JOHNSTON, M. D., in *Medical Record.*

## THE PROPER FIELD FOR BATTEY'S OPERATION.

This subject was fully discussed at the last meeting of the American Gynæcological Association by Dr. Battey himself. The Cincinnati Lancet and Clinic has a very full report of his remarks, of which we now present a careful abstract. The field of this operation is very restricted. It is not an operation of election. The operation is not to be selected in preference to other surgical procedures or expedients that may offer themselves. The case ought to be narrowed down to this expedient or none at all. On the question of the effect on menstruation the doctor stated that the menopause had, in his experience, invariably followed the removal of both ovaries, but that the menses have continued to some extent when one ovary, or a part of one ovary, had been left. The operation is applicable only to cases which are incurable by any other means, cases which endanger life. They must be cases in which a change of life would give relief. The classes of cases which call for this operation are the following:—

I. Congenital absence of the uterus, with more or less regular ovulation, and a violent perturbation of the nervous system at each molimen. These manifestations may become serious and unrelieved in the menstruation of nature. It is impossible to supply a uterus with which the patient may menstruate. Extirpation of the useless ovaries is therefore the only resource at our command. II. Complete occlusion of the whole metro-vaginal canal. This may occur as the result of plastic inflammation from parturition, or from other cause, and presents the same reason for oöphorectomy as do those cases of the first class. This class of patients are very liable to insanity unless relieved. III. Ovarian epilepsy: Here the distinction must be clearly marked as between this variety and the ordinary epilepsy, otherwise the operation may be criminally abused by its application in cases which have little or nothing to do with the ovaries. IV. Certain cases of pernicious amenorrhœa which may utterly destroy the life of the patient. It is not intended that this re-

mark should apply to ordinary cases of amenorrhœa, or that under any circumstances the operation is a cure for amenorrhœa, but rather that certain aggravated cases of amenorrhœa, incurable by any other resource, may be relieved by removal of the ovaries. V. Cases of interstitial fibroid tumors, operated upon by Hegar, of Germany, not amenable to any other resource, and which cannot be safely subjected to the usual process for the removal of the tumors, but which are in constant danger of death from hemorrhages. The menopause follows the operation and the tumor gradually shrinks. Under these circumstances the patient is usually sterile, and the operation is justifiable. VI. In certain incurable flexions, producing violent vascular and nervous prostration, and incurable by any other means, the operation is justifiable. VII. In the course of the operation of Cæsarian section, subsequent pregnancies may be avoided by removing the ovaries.—*Chicago Medical Review.*

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## PUERPERAL ECLAMPSIA.

Dr. C. C. P. Clark, whose writings are always worthy of careful perusal, even when the ideas advanced are the most startling, has given us a valuable paper in the American Journal of Obstetrics, July, 1880, on "The treatment of Puerperal Eclampsia by Morphine," in which he claims close affinity between the disease in question and epilepsy, and urges that both can be cured by the proper use of morphine. After depreciating the use of the lancet and purging, and with one sweep pushing aside everything which has been suggested in the therapeusis of the disease, with the exception of bromide of potassium, to which he attributes "some advantage," and everything which has been suggested as to its pathology, he points to a "weakened, overburdened and distracted state of the powers of organic life, threatening that dislocation of its rythmic movement, in which the convulsion itself essentially consists," and to a "perverted nerve function," as the sole pathological condition, adding that "a woman who bears her pregnancy lightly never has convul-

sions," and summing up as follows: I. "That I have never seen opium, properly used, fail to ward off eclampsia when it seems to be threatened," and advises a grain of opium thrice daily from the first signal of danger to the close of labor. II. "That I have many times seen it obviously and at once put a stop to the paroxysms, after they had commenced," and urges one and one-half grains of morphine, by weight, administered invariably by the hypodermic syringe, and repeated after two hours if the convulsion returns. and, if still in labor, at the end of eight hours, any way. If the amount of the drug is guessed at by one not an expert, it should be doubled, *i. e.* three grains given. III. "That I have never known a patient die of this disease when that medicine had been administered in season, in sufficient quantity and in the proper manner." Dr. Clark's wholesale denunciation of those remedies which, in our hands, have proved of inestimable value, notably, chloral hydrate, in large doses, per rectum, and his italicized statement that an easily borne labor insures immunity, which we know, to our sorrow, is not invariable, cause us to hesitate in accepting his dictum as to the absolute safety of from one and one-half to three grains of morphine administered hypodermically. We cannot help thinking that his remark that "It will help the timid to do this, to remember that, if the patient dies, her death will not be at all likely to be laid by the friends to our medicine, for it is well known that death in this disease is always by coma; neither is it necessary for them to know how much of it you have given," may unwittingly explain the universal success of the remedy (and dose), in those cases where it is given "in proper season."

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VITALITY OF SPERMATOZOA.—In a mixture devised by Byasson, spermatozoa have been kept alive for twelve days, at a temperature of 36° C. The mixture is composed of: water 1,000 grammes, the white of one egg, and fifty-nine grammes of phosphate of soda. The liquid makes a useful injection in cases where sterility is due to excessive acidity of the utro-vaginal secretions.

## THERAPEUTIC USES OF THE BROMIDES.

Rosenthal gives the following summary on this subject:

*Bromide of potassium* ought to be frequently suspended, because it produces loss of tone in the stomach, debility, and precordial pains. While it, in small doses, increases the appetite, in large doses it disturbs it, and consequently should be given largely diluted with milk.

*Bromide of sodium* is a preparation very salt and better tolerated by the stomach, and should be given in preference to old people, nervous people, and children.

*Bromide of ammonium* is good in epilepsy and affections of the glottis, but is not superior to the other bromides.

*Bromide of camphor* moderates the action of the heart, and is good in alcoholism, in doses of fifteen to thirty grains.

*Bromide of zinc* cannot be given in pills and is inferior to the other bromides.

In New York the favorite bromide is, probably, bromide of sodium. The fact about the bromides is, that one is just as good as another, the difference being in strength, not in quality. By varying the dose of bromide of potassium, for instance, nearly all the effects of the other bromides can be obtained.

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## BIOLOGICAL TURBIDITY.

Prof. Huxley was present at the meeting of the Chemical Society mentioned above. He, of course, took no part in the discussion of the chemical points raised, but addressed his remarks to what he was pleased to call "biological turbidity" of what Dr. Tidy had said. It appeared to him that diseases caused by what is not wisely called "germs," such as splenic fever, pig typhoid, etc., are invariably produced by bodies of the nature of bacteria. From Prof. Huxley's remarks we gather some interesting statements. These bacteria can be cultivated through twenty or thirty generations, and still, when given to the pig or ox, would invariably give rise to the characteristic disease. Bacteria are just as much plants as mushrooms and cabbages, and the conditions under

which they live and flourish are known. The total amount of organic matter in bacteria is so minute, that where one hundred thousand of them are contained in a cubic inch chemical tests would fail to mark the water as impure. These remarks of Huxley, and these discordant results of chemists, only go to confirm what the thoughtful sanitarian has long suspected, i. e. that it is not the amount of organic matter but the kind that makes water dangerous. Hence a mere chemical examination of a water, valuable as we admit it to be, cannot be relied upon as settling its dietetic status. We thus see the immense importance of keeping water which is to be used for dietetic purposes perfectly free from all contamination, however slight, with any refuse of the sick room. Water may be very hard and very full of organic matter, and yet be harmless; it may be soft and very free from organic matter and yet be deadly.—*Chicago Medical Review.*

## ON THE TREATMENT OF RHEUMATISM.

Dr. Thomas calls attention to a combination of salicylic acid which he has used many times with good results in both acute and subacute rheumatism, as well as in a few chronic cases of the disease. For this combination he claims the following advantages: that it does not disturb the digestive system; that it is very palatable; that it forms a perfect solution of salicylic acid; that it is effective in curing the disease; that it produces no bad effects upon the heart; and that it is less depressing than salicylate of soda. The formula is as follows:—

℞ Potass. acetat. ʒii.
Acid. salicyl. ʒss.
Aq. menth. pip. ʒiv.
Syrup, limon. ʒij. M.

It is best prepared by placing the potash and peppermint water in a porcelain mortar and gradually adding the acid, triturating to perfect solution, and then stirring in the syrup. The dose is a tablespoonful every two, three, or four hours, or oftener, according to the violence of the attack. This dose gives

20 grains of the acid to 80 grains of the acetate. In the robust class of patients without complications, Dr. Thomas relies exclusively upon it, with an occasional hypodermic dose of one-sixtieth to one-eightieth of a grain of atropia, or combined with morphia in cases where the atropia alone is insufficient to allay the pain; such patients are usually convalescent in five or six days. (*The American Practitioner*, May, 1880.

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## RECENT INVESTIGATIONS ON THE ACTION OF DRUGS.

Dr. von Anrep has studied the action of cocain, the active principle of the coca leaves, in the Physiological Institute at Würzburg. He draws the conclusion that cold-blooded animals are more sensitive to its action than warm-blooded animals. Its chief action appears to be on the nerve centers. In frogs it first paralyzes the terminations of the sensory nerves, and afterwards abolishes reflex action. In the mammalia it first stimulates all the nerve centers, and especially the psycho-motor centers. This general excitation is followed by a slight enfeeblement. Small doses increase reflex action; large doses do not paralyze it entirely, as in the case of the frog. Respiration is quickened, except by fatal doses. In frogs the power of the heart is lessened so as to lead to arrest in diastole. In mammalia the heart's action is accelerated, and strong doses are necessary to cause a retardation. The blood-pressure is increased by the stimulation of the vaso-motor centers; large doses should naturally have the opposite action, and lower the blood-pressure. The inhibitory nerves of the heart are readily paralyzed by medium doses. The striated muscles are not directly influenced by cocain. The pupil is dilated by it as powerfully by the internal use of the drug as by its instillation into the eye. The peristaltic movements of the intestines are accelerated. Acute poisoning by cocain causes muscular spasms, and in consequence an elevation of the rectal temperature; when there are no convulsions the rectal temperature falls. The secretions of the several mucous membranes are lessened. Certain motor disturbances

can only be explained on the assumption that cocain has an action on the semicircular canals; the symptoms suggest that the drug modifies the pressure of the endolymph in the internal ear, and thus effects a stimulation of the terminal filaments of the auditory nerve. Death appears to result from asphyxia, caused by respiratory paralysis, the heart continuing to beat for some minutes after apparent death. (*The Lancet*, July 31, 1880.)

## BOOK NOTICES.

NASAL CATARRH. By Beverly Robinson, A. M. M. D., lecturer upon chemical medicine at the Bellevue Hospital Medical College, New York, physician to St. Luke's and Charity hospitals, etc., New York, William Wood & Co., publishers.

This is a small volume of nearly 200 pages, neatly illustrated. The author divides his subject in a very simple and comprehensive manner, and then gives a few general considerations to the anatomy and physiology of the nasal fossa, and communicating sinuses and cavities. Chapters IV, V, VI are devoted to a description of instruments to be used in examining and making applications to the nasal cavities, and the manner of using them. The remaining chapters are on the treatment of the various affections to which the nasal passages are subject. It is a valuable work for the general practitioner who has not the opportunity of making a special study of those diseases. We recommend it to students and practitioners.

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MEDICAL AND SURGICAL DISEASE OF WOMEN. By A. L. Clark, A. M., M. D., Professor of Obstetrics and Disease of Women and Clinical Gynecology, in the Bennett College of Eclectic Medicine and Surgery, Gynecologist of Bennett Hospital, etc. The student will find this a superior text book and the general practitioner a valuable guide to consult in the emergencies of daily practice. It is like everything that emanates from the author, plain, practical and full of common sense.